



June 29, 2012

To: Legislative Program Review and Investigations Committee

From: Terry Edelstein, President/CEO

Re: Public Hearing 6/29/12 Testimony

Please accept this testimony with regard to two studies under consideration:

- **Access to Substance Use Treatment for Privately Insured Youth**
- **Medicaid: Improper Payments**

Unfortunately I am unable to attend your public hearing due to previous commitments, but I wanted to make a few brief comments.

The Connecticut Community Providers Association (CCPA) represents organizations that provide services and supports for people with disabilities and significant challenges including children and adults with substance use disorders, mental illness, developmental, and physical disabilities. Community providers deliver quality health and human services to 500,000 of Connecticut's residents each year. We are the safety net.



We will be very pleased to work with Committee members and staff as these studies move forward. In addition, we will be glad to facilitate meetings with members of our Children's Mental Health & Substance Abuse and Adult Behavioral Health Divisions as well as our Corporate Compliance Forums. That way you can explore issues relating to both studies directly with service providers.

### **Access to Substance Use Treatment for Privately Insured Youth**

We will be pleased to work with the Committee to poll the organizations we represent to determine to what extent they bill private insurers for substance abuse services for children and youth and to determine what the reimbursement and access issues are. These agencies have contracts with the Departments of Children and Families, Mental Health and Addiction Services and the Judicial/Court Support Services Division. They do serve youth in the DCF "Voluntary Services" program. We know anecdotally that private billing accounts for a much smaller portion of their services.

### **CCPA**

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- **Access to Substance Use Treatment for Privately Insured Youth**
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The Committee might want to explore the differences between the levels of care funded by DCF, DMHAS and CSSD compared to the levels of care funded through private insurance. Our members have identified the reduced scope of coverage by private insurers as an obstacle to care. If private insurers were required to cover a more comprehensive array of services, children and youth with substance abuse issues would be better served.

The issue of private insurer coverage is all the more important now with the state's proposed waiver to control access to services for "Low Income Adults" under the Medicaid program. Those youth under age 26 who live with their parents or are claimed by their parents for tax purposes or who have assets of \$10,000 or more will not be eligible for the LIA program. Without this publicly funded coverage, a full array of services funded by private insurers is all the more critical.

### **Medicaid: Improper Payments**

We are much more heavily involved with Medicaid "improper payment" issues, most notably Medicaid audits. Our Association has worked extensively with DSS, private attorneys and community providers in an effort to assure compliance with Medicaid. We created a Corporate Compliance Forum for the express purpose of assisting our members in complying with Medicaid audit requirements.

We are waiting for the promulgation and approval of three sets of regulations that will better inform our process:

1. Medicaid audit regulations required in legislation during 2010 legislation session

We understand that these proposed regulations were forwarded to OPM following a legislative modification during the 2012 session.

2. Behavioral Health Clinic regulations

These regulations have been pending for several years. They were reissued for comment in the spring of 2012 and we understand that they are still under consideration by DSS.

Our Association posed numerous questions to DSS about these regulations and we are awaiting response.

3. "Child Rehabilitation" regulations

These were also reissued for comment in the spring of 2012 and we understand that these are also under final review at DSS.

Similarly, our Association posed numerous questions to DSS about these regulations as well and we are still awaiting response.

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What is so critical about these delayed regulations is that they provide guidance about how a provider is to document services in order to comply with Medicaid. Short of this guidance, service providers are dealing with very old policies.

We are seeking the “rules” for compliance and we hope that your Committee’s efforts will help to speed along the regulatory process.

In addition, Medicaid providers fall under the federal RAC audit program, a higher level of audit scrutiny. Just recently, the RAC contractor has contacted providers of Acquired Brain Injury services informing them of pending audits. These audits will be the first of their kind and the providers that will be audited have not experienced Medicaid audits in the past. There are likely to be significant compliance issues. Final audit regulations would have been useful prior to the start of the RAC process.

Thank you for the opportunity to comment on these studies. We welcome working with your Committee as the studies progress.

